Reporting Injuries at Work

## **Employee Wallet Cards**

Type your information in the green boxes, pressing "return" after each one. Information will automatically appear below. Then print this sheet and cut along dotted lines to create four cards. Fold and give to your employees.

| ndividual/<br>Department:                                     |  | Company:   |   |
|---|--|--|---|
| Phone:  |  | L&I Acct. No.  |   |
|   | ALONG DOTTED LINE  |  | JT ALONG DOTTED LINE  |
| to treatment from sand other benefits oyour employer.         | Have you been hurt on As a Washington worker, you sre entitled a qualified medical provider of your choice if you sre injured on the job. Under state laduly to immediately report your accident to Contact information for the person or the must notify at your workplace is on the band of this within 24 hours of being injured.   | treatment from your employer.  Whou have a positive in the second in the | Have you been hurt on the sal Washington worker, you are entitled to a qualified medical provider of your choice a fullified medical provider of your accident to if you are injured on the job. Under state law duty to immediately report your accident to. Contact information for the person or the demust notify at your workplace is on the back do this within 24 hours of being injured.                                      |
| FOLD OVER TO MAKE 2 SIDED                                     |  | FOLD OVER TO MAKE 2 SIDED  |   |
| Individual/ Department:                                       | the-job injuries/disease to:   | Individual/ Department:  | -the-job injuries/disease to:   |
| Phone:  |  | Phone:   |   |
| Company:  |  | Company:   |   |
| L&I Acct. No.   |  | L&I Acct. No.  |   |
| to treatment from sand other benefits oyour <b>employer</b> . | Have you been hurt on Assessments of the Control of As a Washington worker, you are entitled a qualified medical provider of your choice if you are injured on the job. Under state is duty to immediately report your accident to Contact information for the person or the must notify at your workplace is on the bar do this within 24 hours of being injured.  F200-010-000 [03-2006] | treatment from your employer.  your employer.  | Have you been hurt on the sal Washington worker, you are entitled to a Washington worker, you are entitled to a qualified medical provider of your choice a flyou are injured on the job. Under state law duty to immediately report your accident to contact information for the person or the demust notify at your workplace is on the back must notify at your workplace is on the back do this within 24 hours of being injured. |
| Report on-  | the-job injuries/disease to:   | Report on  | rold over to Make 2 sided<br>n-the-job injuries/disease to:   |
| Individual/<br>Department:                                    |  | Individual/<br>Department:   |   |
| Phone:  |  | Phone:   |   |
| Company:  |  | Company:   |   |
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